

Volunteer Registration

Name		Organization
Address		
City	State	Zip
Home phone	CELL phone	E-mail
Volunteer Waiver		
members, officers, age whatsoever nature wh program sponsored by volunteer activities for understand that the wor	and indemnify the City of Goo ents and assigns, from any and a ich may be incurred by me as a the City of Goodyear. If a the City of Goodyear will not b rk involved in the Program may in	olunteer my time and services hereby agree to dyear, its officers, agents and assigns, and its all liability or claims of injury or damages of a result of my voluntary participation in any a Goodyear employee, I understand that my e covered by workers compensation. I further include activities hazardous to the volunteer.
		e to do the various activities described above might prevent me from doing the same.
photographic images volunteer's activities w	and video or audio recordings	all rights, title, and interest in any and all made by the City of Goodyear during the ding but not limited to, any royalties, proceeds rdings.
		t my parent or guardian has full knowledge of ission to participate, as evidenced by his/her
Participant Signature (l	f not age 18 or older, parent/guar	dian must co-sign below.) Date

(turn over)

Parental/Guardian Consent if Volunteer is less	than age 18		
In consideration of the opportunity afforded(Name of child to assist as a volunteer in the Project, and in light of the aims and purposes of the community service provided by the Program, I give my consent for my child to participate in the Project.			
I, on behalf of my child and myself, agree to the terms and conditions contained herein such that all understandings, releases, waivers, and other agreements shall be binding upon me and my child with respect to the participation of my child in the Project. Without limiting the generality of the foregoing, I, on behalf of my child and myself, do hereby release and forever discharge and hold harmless the City of Goodyear, its officers, agents and assigns, and its members, officers, agents and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my child's activities as a volunteer with respect to the Project.			
I hereby grant and convey to the City of Goodye photographic images and video or audio recording volunteer's activities with respect to the Program, incor other benefits derived from such photographs or recording the photographs of the PARENT/GUARDIAN (Undersigned has read the	s made by the City of Goodyear during the luding but not limited to, any royalties, proceeds cordings.		
Signed thisday of, 20			
Parent Name (Signature):	(Print)		
Parent Name (Signature):	(Print)		
Address:			
Phone: Email:			
In the event that I cannot be reached in an emerge act on my behalf with respect to my child:	ency, the following person is authorized to		
Name (print):			
Relationship to Child:			
Phone Number(s):			

Thank you for Volunteering!

City of Goodyear ATTN: Judi Switanek P.O. Box 5100 Goodyear, Arizona 85338 623.932.3910 FAX 623.882.7756